

Insurance Commissioner
841 Silver Lake Blvd.
Dover, Delaware 19904-2465



(302) 577-1211
or
(302) 674-7316
Facsimile (302) 739-5566

DOI_DefensiveDriving@state.de.us

DEFENSIVE DRIVING COMPLAINT FORM

(Pursuant to 18 DE Admin. Code Reg. 607, Section 7.0)

Complainant/Filer Information:

PLEASE PRINT OR TYPE				
NAME:	(Last)	(First)		(MI)
ADDRESS:	(Street)	(City)	(State)	(Zip)
Daytime Phone #: ()		Fax #: ()		
E-mail Address:				
Before you file a Complaint with the Delaware Department of Insurance, you should first contact the Course Provider in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Defensive Driving Complaint Form may be submitted by fax, mail, or e-mail.				
(Course Provider)		(Name of Person You Spoke to)		
Date of Infraction:				
Facts of Complaint (If more space is needed please attached additional sheets to the Complaint): _____ _____ _____ _____				
<i>I AUTHORIZE THE COURSE PROVIDER TO FURNISH TO THE DELAWARE DEPARTMENT OF INSURANCE ANY INFORMATION RELATED TO THIS MATTER. I AM ENCLOSING COPIES OF ANY CORRESPONDENCE OR OTHER PAPERS RELATING TO THIS MATTER WHICH I FEEL WOULD HELP WITH THE INVESTIGATION. I UNDERSTAND THAT A COPY OF THIS FORM AND ANY/OR ALL OF THE ENCLOSED INFORMATION MAY BE SENT TO THE COURSE PROVIDER.</i>				
<i>THIS FORM MUST BE SIGNED AND DATED.</i>				
_____ Signature		_____ Date		
<u>DOI USE ONLY:</u> Staff Assigned: _____ Date Received: _____ 15 Days: _____ Docket #: _____ Date Sent to Provider: _____ 20 Days: _____ Course Provider's Address: _____ _____				

FAX OR EMAIL TO: 302-674-5566 or DOI_DefensiveDriving@state.de.us